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Michigan Senate Insurance Com Hearings

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124 W. Allegan Street, Lansing MI 48933

**SB 1116. The New Michigan Standard of Care: Good Faith, Reasonable Belief
and Best interest of the Patient**

**SB 1117. Changing Household Services from an Economic Damage to a
Noneconomic Damage and Other Reductions in the Ability to Seek
Compensation.**

My youngest son, Beau, was an above-average three year old. On May 27, 2003, he had a routine tonsillectomy. Five days after his procedure, he began vomiting blood. I rushed him into the emergency room. I was told that the scab had come off. Beau was given some IV fluids and sent home. Six days after that visit, once again I rushed him to the emergency room because he was vomiting blood. He was admitted for observation and to monitor his hemoglobin levels. The next morning, he received a blood transfusion and then was sent home. I had argued with the nurse that no one had determined why he continued to bleed nearly two weeks after the surgery. She said she had to discharge him per the doctor's phone order. I took Beau home, not knowing what to do. Twelve hours later, he was vomiting again and we rushed back to the emergency room. Beau's blood pressure was 56/28. He was taken to the operating room, but began hemorrhaging before an airway was secured. After several minutes without an airway and no effective respirations, a

tracheotomy was attempted. It took more precious minutes to locate the right instruments to open an airway in his throat. In the meantime, he went into cardiac arrest due to lack of oxygen and massive blood loss. After a full blood transfusion, CPR, and three shots of epinephrine, he was resuscitated. A bleeding artery was found and repaired. But not before he had suffered extensive brain damage. Beau was air-lifted to Mott Children's Hospital in Ann Arbor, in a coma and on a ventilator. In the Pediatric Intensive Care Unit, he was diagnosed with Anoxic Encephalopathy. If Beau had been admitted either time to the emergency room, he would not have been brain injured. If the surgical site had been inspected after the bleeding episodes, he would not be brain injured. If his airway had been properly managed in the operating room, he would not be brain injured and permanently disabled.

I was a recently divorced mother, with five children to support. Words cannot express the desperation I felt.

Beau is now 12 years old. He can never be left alone. He will never be able to live on his own. He cannot dress himself or put on his own braces and shoes. He cannot bathe by himself, brush his teeth by himself, or get his own food. He needs constant attention. He has numerous doctor's appointments, uses a wheelchair, walker, foot braces, and a handicapped van. He still has therapy four times a week, which is not covered by any insurance. I am unable to work due to the amount of care that he requires.

There was a malpractice suit that alleged the care provided to Beau fell far below objective standards of medical care. Without the recovery that was obtained through a settlement, there is no way that I could cover the expenses of Beau's continuing care and

equipment. His special needs trust covers his equipment, his vehicle, therapy, and modifications we need to our home. These massive expenses will be largely covered in the future. Beau is expected to live a normal life span and I will not be here forever. At least, due to the lawsuit, I have the peace of mind that the tremendous financial burden of his care is not going to fall entirely on his siblings and he will not have to go without the care and equipment needs to survive.

Therefore, on behalf of my family and other families who have faced and will face situations like ours, I hope and pray that these bills before you are not approved. The effect of these bills, as I understand them, would make any kind of recovery for a boy like Beau virtually impossible. If Beau had the ability to understand these bills, I know he would tell you the same.